S. COST REIMBURSABLE (Department, bureau, or establishment)							PAID BY		
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oucher prepa	ired at		(Give place and date				SAPC 3	1998	
HE UNITED STATES, Dr.,			Payee's Account No954				COPY OF 3		
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	(Add		(City)  ARTICLES OR SERVIC	. (State)			PRICE	AMOUNT	
lo. and Date of Order	Date of Delivery or Service	(Enter descriptions of the second terms (Enter description) (Enter	on, item number of contr and other information dec	act or Federal supply	QUANTITY	Cost	Per	Dollars Ct:	
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